

9399

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DEP.
1	1		1			
2			1			
3			1			
4		1	1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11		1	1			
12			1			
13			1			
14	13		1			
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47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			16			
TOTAL CLAIMS			17			

	*	*	*			
	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS